



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 25, 2012

Mr. Shawn Hallisey, Administrator
St. Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819

Provider #: 475019

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 19, 2011**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/19/2011
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 12/19/11. Federal and State regulatory violations were cited as a result.	F 000	<u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u> Resident#1 had been discharged to another SNF after discharged to hospital for emergent care.		
F9999	FINAL OBSERVATIONS 3.14 Transfer and Discharge (1) Emergency Transfer or Discharge of Residents. An emergency discharge or transfer may be made with less than thirty (30) days' notice under the following circumstances: (1) The resident's attending physician documents in the resident's record that the discharge or transfer is an emergency measure necessary for the health and safety of the resident or other residents; or (2) A natural disaster or emergency necessitates the evacuation of residents from the home; or (3) The resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgment that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day; or (4) When ordered or permitted by a court.	F9999	<u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All residents have the potential to be affected. A list of current Residents has been reviewed and none are eligible for emergency discharge at this time. <u>What measures will be put on place to ensure that the deficient practice will not occur</u> The Resident or Responsible Party will be notified by telephone of the emergent discharge. That conversation will be followed up with a written notice within 24 hours. The Facility will notify the Licensing Agency with 24 hours or the next business day of the emergent discharge. The Attending Physician will document in the Residents medical record that the discharge or transfer is an emergent measure necessary for the health or safety of the resident and/or other residents. The staff which includes Nursing, Social Services, Admissions and Physicians will be educated on the procedure outlined above.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shawn I. Hallisey

Administrator

1-9-2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PMC

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819		
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F9999	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify the Licensing Agency regarding an emergency discharge for 1 applicable Resident (Resident #1). Findings include: Per record review on 12/19/11 at 10:10 A.M., the facility did not notify the State Licensing Agency of Resident #1's emergency discharge as required. Resident #1 was transferred to a hospital for evaluation and treatment on 9/30/11. Per interview with the facility administrator on 12/19/11 at 11:45 A.M., the facility was not aware that the Licensing Agency must be notified on the next business day when there is an emergent discharge. The Administrator confirmed during this interview that the Licensing Agency was not notified of the emergency discharge.	F9999	<u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> An audit will be conducted for all emergent discharges to ensure the deficient practice does not reoccur. The results of the audit will be presented at the monthly QA meeting and assessed quarterly for compliance. The Administrator or Designee is responsible for this process F9999 POC accepted 1/17/12 RTremblay RN / Pincatarn	1-8-12	

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER # 475019	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 12/19/2011
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			
F 203	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide written notice of an emergent discharge for applicable 1 Resident (Resident #1). Findings include:</p> <p>Per record review on 12/19/11 at 10:10 A.M., there was no written notice to the Resident or the Resident's legal guardian of an emergent discharge on 9/30/11. During an 11:45 A.M. interview on 12/19/11, the facility Administrator confirmed there was no written notice provided as required by regulation.</p>			

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The above isolated deficiencies pose no actual harm to the residents